Antidepressants 2006

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Objective: To provide an overview on the antidepressants available in the U.S. in 2006

1. Checklist for a New Antidepressant Treatment

    A. Is it different?
    B. Does it work?
    C. Is it safe?
    D. Does it work faster?
    E. Is it better tolerated?
    F. Does it cost less?

2. Messages that Promote Adherence

    A. Take medication daily
    B. Antidepressants must be taken for at least 2 to 4 weeks for a noticeable effect
    C. Continue medication even when feeling better
    D. Do not stop medication without checking with physician
    E. Ask about prior use of antidepressants
    F. Antidepressants are not addictive
    G. Mild side effects are common and often improve after 7 to 10 days
    H. Call with any questions

3. Measurement-based Care for Depression (see attached PHQ-9 assessment)

4. Tricyclics (exs: Amitriptyline, Desipramine, Nortriptyline)

    A. Many side effects, especially older ones
    B. Very toxic in overdose
    C. To be avoided in older patients

5. Selective Serotonin Reuptake Inhibitors (SSRIs)

    A. Six available now

        1) Citalopram (Celexa)
        2) Escitalopram (Lexapro)
        3) Fluoxetine (Prozac)
        4) Fluvoxamine (Luvox)

5) Paroxetine (Paxil)
6) Sertraline (Zoloft)

B. Most common first line treatment of depression

C. Side Effects

1) Sexual dysfunction
2) Weight gain
3) Nausea
4) Insomnia

6. Serotonin, Norepinephrine Reuptake Inhibitors

A. Duloxetine (Cymbalta)
B. Venlafaxine (Effexor)

7. Atypical Antidepressants

A. Bupropion (Wellbutrin, Zyban)
B. Mirtazapine (Remeron)
C. Nefazodone (Serzone)
D. Trazodone (Desyrel)

8. Antidepressants and Suicidality

9. Antidepressants and Pregnancy

10. Treatment Resistance Depression and the STAR*D Study, NEJM March 23rd 2006 and American Journal of Psychiatry January 2006

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